FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

OF PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

Washin UNIFORM LIMITED OFFERING EXEMPTION

14180	'`
OMB APPRO	VAL
OMB Number:	3235-0076
Expires: August	31,2008
Estimated average	burden
hours per response	16.00

SEC USE ONLY					
Prefix	Serial				
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Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	□ Uroe
A. BASIC IDENTIFICATION DATA	I DEEDS AND LIGHT COURT AND STORE OF THE WIND HEED WIND HEED WIND HEED WAS
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
LaSalle Mexico Fund I Investors A, L.P.	08058321
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone (vanioe) (including Area Code)
200 East Randolph Chicago, IL 60601	(312) 782-5800
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
The business is to acquire, hold and otherwise manage the master partnership investment.	
	PROCESSED
Type of Business Organization Corporation Imited partnership, already formed other (please specify):
business trust limited partnership, to be formed	AUG 2 5 2008 CD
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	PROCESSED please specify): AUG 2 5 2008 THOMSON REUTERS c: CIN
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	9549.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual	ly signed. Any copies not manually signed must b
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 26 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supp	ly signed. Any copies not manually signed must b
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 26 Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	by signed. Any copies not manually signed must be out the name of the issuer and offering, any change lied in Parts A and B. Part E and the Appendix necessales of securities in those states that have adopted Securities Administrator in each state where sales of the exemption, a fee in the proper amount shall

filing of a federal notice.

		A. BASIC IDI	ENTIFICATION DATA							
. Enter the information requested for the following:										
• Each promoter of the issuer, if the issuer has been organized within the past five years;										
• Each beneficial own	• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
• Each executive off	icer and director o	f corporate issuers and of	corporate general and man	aging partners of	partnership issuers; and					
 Each general and n 	nanaging partner o	f partnership issuers.								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
N 11 12 12 12 12 12 12 12 12 12 12 12 12										
Full Name (Last name first, it LaSalle Mexico Fund I In		LLC								
Business or Residence Addre. 200 East Randolph Chic		•	ode)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, i	f individual)									
Woodrow, Kimball C.										
Business or Residence Addres	ss (Number and	Street, City, State, Zip Co	ode)							
200 East Randolph Chica	ago, IL 60601									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, it Owens, Leo	f individual)	.								
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)							
200 East Randolph Chic	ago, IL 60601									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, it	f individual)									
Ricketts, Michael										
Business or Residence Address 200 East Randolph Chic		Street, City, State, Zip Co	ode)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, it Swaringen, C. Allan	findividual)			-						
Business or Residence Addres 200 East Randolph Chic		Street, City, State, Zip Co	ode)							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, it Hospitals of Ontario Pens	-	Fund								
Business or Residence Addres 1 Toronto Street Suite 14	`	Street, City, State, Zip Contario CANADA M5C								
Check Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if U.S. Steel Retirement Pla			, , , , , , , , , , , , , , , , , , ,	<u>,</u>						
Business or Residence Addres United States Steel and C	*	Street, City, State, Zip Con Fund 350 Park Aver	•	ork, NY 10022						
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)										

		A. BASIC IDE	NTIFICATION DATA						
2. Enter the information requeste	ed for the following	ıg:							
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
 Each executive officer ar 	nd director of corp	orate issuers and of o	corporate general and man	aging partners of part	nership issuers; and				
Each general and manage	ing partner of part	nership issuers.							
Check Box(es) that Apply:	Promoter 📝	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner				
Full Name (Last name first, if indiv FREP 1 (General) Ltd.	, 								
Business or Residence Address (i c/o Alberta Investment Manag				et, Edmonton, Alb	erta T5K 2C3 CANADA				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner				
Full Name (Last name first, if indi-	vidual)								
Business or Residence Address (Number and Stree	t, City, State, Zip Co.	dc)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if indi-	vidual)								
Business or Residence Address (_ Number and Stree	t, City, State, Zip Coo	de)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director [General and/or Managing Partner				
Full Name (Last name first, if indiv	vidual)								
Business or Residence Address (1	Number and Stree	t, City, State, Zip Co	de)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner				
Full Name (Last name first, if indiv	vidual)			. 					
Business or Residence Address (1	Number and Street	t, City, State, Zip Cod	de)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director _	General and/or Managing Partner				
Full Name (Last name first, if indiv	vidual)								
Business or Residence Address (I	Number and Stree	t, City, State, Zip Coo	de)	· · - · · ·					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director _	General and/or Managing Partner				
Full Name (Last name first, if indiv	vidual)			***					
Business or Residence Address (1	Number and Street	, City, State, Zip Coo	de)						
	(Use blank she	eet, or copy and use a	additional copies of this sh	eet, as necessary)					

	B. INFORMATION ABOUT OFFERING												
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No 🗷				
••	Answer also in Appendix, Column 2, if filing under ULOE.							L.					
2.									\$_ ^{2,0}	00,000.00			
												Yes	No
3.			permit joint										K
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful N/	-	Last name	first, if indi	vidual)		,							
		Residence	Address (N	umber and	i Street, C	ity, State, Z	Lip Code)						
N/A													•••
Nai N/		sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	*****		*********	***************	***********		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ĪD
	IL	[N]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	[NV]	NH TXI	NJ TX	NM)	NY	NC VA	ND WA	OH WV	OK]	OR WY	PA
	KI	SC	SD	TN		UT	VT	VA	[WA]	[W V]	WI	WY	PR
Ful	l Name (Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)						
Naı	me of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	-					
	(Check	"All States	" or check	individual	States)	••••••			***************************************	***************************************		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL DATE	IN NE	[IA]	KS	KY)	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH] WV	OK WI	OR WY	PA PR
Ful			first, if indi										
	i ivaine (Dayt Hallic	11130, 11 11101										
Bus	siness or	Residence	Address (N	lumber an	d Street, C	ity, State, I	Zip Code)						
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)									States				
	AL AK AZ AR CA CO CT DE DC FL GA							HI	ID				
	IL IN IA KS KY LA ME MD MA MI MN							MS	MO				
	MT RI	NE SC	NV SD	NH)	NJ TX	NM UT	NY VT	VA	ND WA	OH WV	OK WI	OR WY	PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	, c	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	<u> </u>	\$
	Equity	S	\$
	Common Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	<u> </u>	\$
	Other (Specify limited partnership interests	161,000,000.	00_161,000,000.00
	Total	161,000,000.	0(\$ 161,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	9	\$ _161,000,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		·
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		<u>\$</u> 469,935.73
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	-	\$
	Total		s 469,935.73

_				
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C proceeds to the issuer."	•	SS	160,530,064.27 \$
5.	Indicate below the amount of the adjusted gross p each of the purposes shown. If the amount for a check the box to the left of the estimate. The total proceeds to the issuer set forth in response to Pa	my purpose is not known, furnish an estimate an of the payments listed must equal the adjusted gros	d	
		·	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🗆 \$	\$_77,880.00
	Purchase of real estate			
	Purchase, rental or leasing and installation of ma	achinery		
	and equipment			
	Construction or leasing of plant buildings and fa		. 🔲 💲	_ [\$
	Acquisition of other businesses (including the violating that may be used in exchange for the as issuer pursuant to a merger)	. ┌┐\$	□\$	
	Repayment of indebtedness		_	_
	Working capital			_
	Other (specify): Invest in properties and opera			
			🔲 \$	🗆 \$
	Column Totals		\$ <u>0.00</u>	_ [] \$160,530,064.2
	Total Payments Listed (column totals added)	. 🗸 \$_1	60,530,064.27	
		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by th nature constitutes an undertaking by the issuer to fi information furnished by the issuer to any non-ac	urnish to the U.S. Securities and Exchange Comm	ission, upon writt	
lss	uer (Print or Type)	Signature 2011	Date	
La	Salle Mexico Fund I Investors A, L.P.		August <u>2/</u> 0, 20	08
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Las	Salle Mexico Fund I Investor A G.P., LLC	General Partner, by Leo Owens, its Vice Pre	esident .	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS